

Somatic Psychotherapy, Alexander Technique, and Bereavement

JANE DORLESTER

BEREAVEMENT IS A TIME when there is great need for both psychological and physical comfort and release. As a psychotherapist who is also a certified Alexander Technique teacher, I incorporate both modalities in my therapy practice. While psychotherapy holds that the therapist is never to touch a client, as an Alexander Technique teacher I feel touch is a necessary part of my sessions. I do touch my clients, as needed, because I believe my clients benefit from both analytical and physical therapeutic interventions. I began my training as a Reichian therapist. For those unfamiliar with Wilhelm Reich, he is considered to be one of the founders of Expressive Therapy and influenced Fritz Perls (developer of Gestalt Therapy), Alexander Lowen, and John Pierrakos; these men were all Reich's patients at one time as part of their training to become expressive therapists. Another therapist influenced by Reich is Arthur Janov, developer of Primal Therapy, popularized by his book, *Primal Scream*. All of these men, early proponents of Reich's theories, developed therapy styles that emphasized a cathartic approach to express this neurotic defense against the repressed trauma.

Reichian theory, also known as Character Analysis, which informs these therapeutic models, believes we hold traumas in our bodies as a way of defending ourselves against the pain of past psychological trauma. Reich, once a student of Sigmund Freud, believed there is a charge in the body, a nexus of physically bound energy related to early trauma that must be released if the client is to live more fully. In Reichian theory, this energy, which he called *orgone*, is blocked horizontally in the body. (Other cultures call this life energy *chi*.) Alexander Technique theory also postulates that the client holds negative energy on the horizontal plane, and the goal of both Reichian therapy and the Alexander Technique is to restore the vertical flow of energy throughout the

client's body. The Alexander Technique calls this vertical flow of energy, when moving freely, "effortless movement."

Reich, as well as his followers, believed this release of energy had to be experienced during a cathartic period of screaming, crying, or expressing pent-up anger. However, current research shows that these volatile states may re-traumatize the client and not provide the positive release the client and therapist seek.

A Reichian therapist who has developed a more dynamic approach to the therapy session is Peter Levine. His current approach is called Somatic Experiencing®, which helps the client develop sensory awareness of where they have blocks in the body and the associated and felt sense of emotions connected to the blocks. In other words, if the client states that they feel sad, the question the therapist might ask is if they can breathe into their body and identify where they feel the emotion in their body.

With this brief history of Reich's therapy model and how it corresponds to the Alexander Technique, I want to say a little more about my own professional journey and how I incorporate both modalities with clients experiencing bereavement. As mentioned, I began my training as a psychotherapist at the Reichian Center for Character Analysis learning the cathartic approach already discussed. I had further training at the Psychotherapy and Psychoanalytic Institute, which also taught a more traditional approach to psychotherapy. As mentioned earlier, in these traditional psychotherapeutic modalities touching the client is taboo. Additionally, the therapist is trained to self-disclose sparingly so that the patient comes to see the therapist as a blank screen upon which they can project their feelings freely.

While mastering this psychotherapeutic approach, I was also using touch as a trained Alexander Technique teacher. Some of my clients came to see me as a psychotherapist, and some came to see me as an Alexander Technique teacher. As a result, this division did not last too long. My technique clients were pushing me to become their psychotherapist as well. As one Alexander Technique student, who is a psychiatrist, said after a lesson: "I feel my body." "Yes, of course," I responded. "No, you don't understand. I never feel my body," he added excitedly. One characteristic of psychological trauma is to disassociate from one's body. Somatic feelings shut down as a defense against experiencing further pain and fear.

Interestingly, as touch was taboo during traditional psychotherapy sessions, some thirty-five years ago, it was taboo to speak of or process emotions during Alexander Technique sessions. For example, while visiting the Carrington Alexander Technique Center in England, I met a student who was working as a receptionist there. She had just released her sternum, which is known to hold a lot of sadness. The woman was weeping uncontrollably, continuously touching her sternum all the while apologizing for her tears, not understanding what was happening to her. While her teachers were kind and very concerned, the best they politely offered the highly distraught woman was to inquire as to whether she would like a cup of hot tea.

In another situation during my visit, a senior teacher, a trained dancer, related a story to me where she had released a student's jaw, according to Reich a somatic center where aggression is often held. Upon the release of the jaw, the student let out a loud scream. The teacher, unable to cope with the client's reaction, ran from the room, not knowing what to do.

I believe in both cases, the correct intervention would have been to remain present with the students, to co-regulate them, to keep hands on them, to keep centered and to use the self to aid the clients through their distressful experiences.

Both situations exemplify the once accepted Alexander Technique's prohibition against aiding the student's processing of emotions and the psychotherapeutic taboo against touching the client in order to ease their pain, which in my estimation, were limiting factors in helping the clients make progress.

As I grew as a professional counselor, I decided not to separate approaches but rather to integrate them in my sessions with my clients. I became a therapist who uses the Alexander Technique as an adjunct modality during my sessions as needed. And so, my practice grew as clients were referred to me because I had a body-oriented approach.

It was not surprising then that during my analytical training my teachers were aghast that I was touching my clients. So, except for a few teachers who had backgrounds in expressive art therapy, I would present cases or write papers omitting the information that I used the element of touch during therapy sessions.

As a man walks down the road, the wind says to the sun, "I can make the man remove his cloak" (symbolically his defense system). The wind blows and blows, but the man pulls his cloak tighter. Then the sun shines more brightly, and as it grows hotter, the man slowly opens his cloak and finally removes it.

The fable of the sun and wind illustrates how I began to incorporate touch through the Alexander Technique into my psychotherapy practice working with clients going through periods of bereavement. I became interested in working with bereaved clients through personal losses of family and friends. I knew and understood the pain my clients were feeling. Obviously, the loss of a loved one is a difficult experience for anyone, and because I can relate and feel comfortable with whatever emotions my clients experience, I chose to work with these types of clients. As an Alexander Technique teacher, I have the skills necessary to be there for them.

In my practice I no longer seek the cathartic release that Reich and his followers sought for their clients. Rather, I do light supportive touch, because as with the man in the above fable, who slowly removes his cloak in stages, the Alexander Technique allows for people to slowly let go of their stress without experiencing great convulsive emotions. As Alexander Technique teachers we know the power of touch to regulate our clients. During my analytic training, one of my teachers, who was from Eastern Europe, spoke about her experience as a child during a war in Czechoslovakia and how frightened she was during the bombing. During one of her own therapy sessions, this teacher related what a powerful experience she had when her therapist touched her during a time of distress. She immediately felt less alone. How wonderful that was for her. Here she was speaking of an experience she had as a child that as an adult still gave her the feeling of being healed from this long ago touch without any verbalizing necessary. In support of this notion of healing touch, one of my

The Alexander Technique is like the sun: a gentle intervention. From Milo Winter's illustrations to *Æsop's Fables*.



Wikimedia Commons

The power of touch helps to regulate. Detail from Michelangelo's *Creation of Adam* (c. 1511).



Wikimedia Commons

analytical supervisors said that the Alexander Technique, while not therapy, is therapeutic. Which brings me back to the focus of this paper: bereavement counseling, psychotherapy, self-regulation and the *whispered* “ah” in aiding co-regulation.

Clients seeking help with the loss of a loved one often refer to the loss as if they were being hit by a tractor trailer; it’s experienced as an intense physical trauma.

The chart on the next page, “Window of Tolerance,” can help you imagine the ultimate goal of the Alexander Technique’s intervention, which is to bring the student to a place of optimal arousal between the extreme states of hyperarousal—characterized by a client as being in a state of constant anxiety to the point where they can never relax, where they lose sleep and cannot think clearly or organize their thoughts—and hypoarousal characterized by lack of movement, deep depression, being physically frozen and perhaps unable to get off the couch... simply not engaging in normal everyday activities of life.

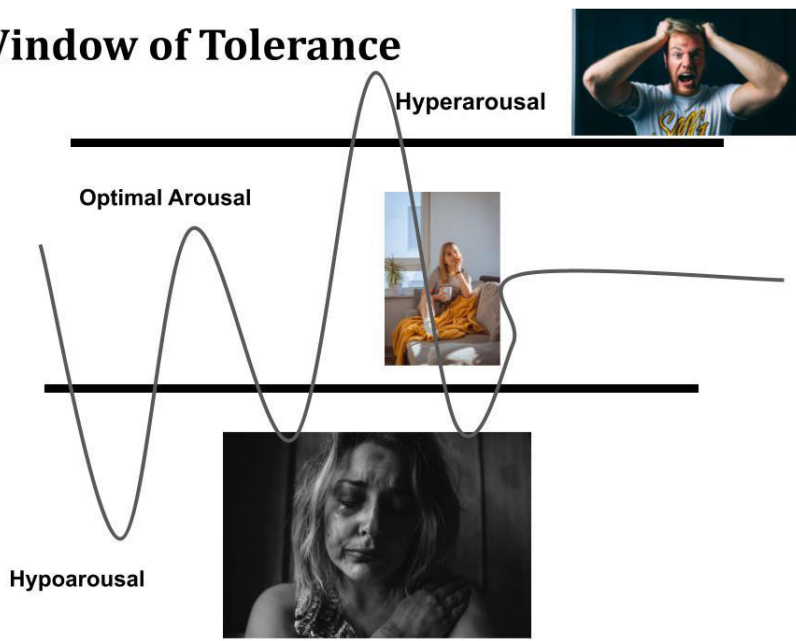
For the hyperaroused person, during an Alexander Technique intervention, I might do table work, soothing and calming the client to lower their stress levels. With hypoaroused clients, I might do chair work, striving for the client to reach a state where they are calm enough to tolerate just enough stimuli to

Grief is like being hit with a truck.

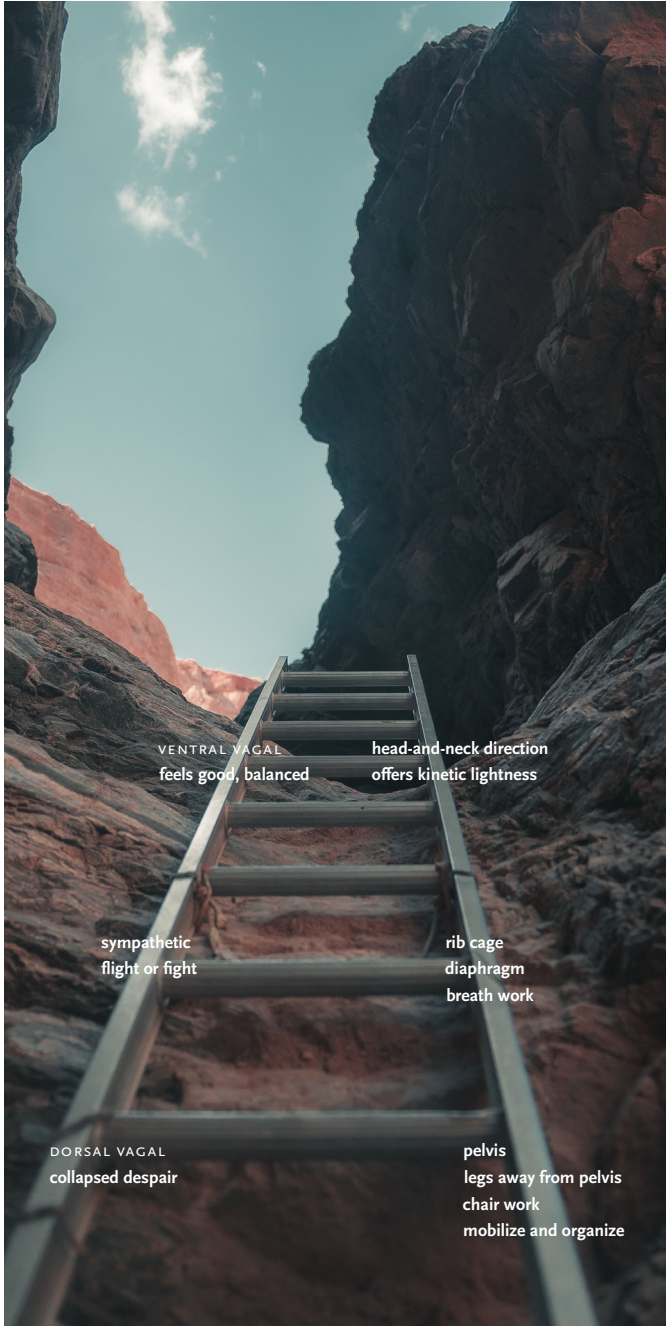


Photo by Ben Halberstam

Window of Tolerance



Photos: Ryan Smadt, Julia n Bock, Kat | / Unsplash



VENTRAL VAGAL
feels good, balanced

head-and-neck direction
offers kinetic lightness

sympathetic
flight or fight

rib cage
diaphragm
breath work

DORSAL VAGAL
collapsed despair

pelvis
legs away from pelvis
chair work
mobilize and organize

function. Some people refer to this place of relief as the “zone.” The goal of the Alexander Technique sessions is to help the client learn to self-regulate.

Exciting new research supports the Alexander Technique as an evidence-based intervention. Using the illustration on the previous page as a guide, polyvagal theory describes a corresponding theoretical framework to the Alexander Technique and the free vertical flow of energy. Note the corresponding hyperaroused state of constant alertness with the middle of the ladder and the hypoaroused state at the bottom of the ladder. On top of the ladder we have our optimal central vagal social engagement system, with the client fully engaged in their life—what the Alexander Technique refers to as “effortless movement.”

The vagus nerve controls the parasympathetic system. Following the illustration, we can see the vagus nerve starts behind the eyes, so that with gentle touch, the Alexander Technique teacher reassures the student that they are okay and do not have to be frozen in grief or despair. With gentle touch, the client can be brought back online by mobilizing the breath through the parasympathetic system.

By normalizing grief, you as the healer/teacher accept that the bereaved student is in anguish, which is a normal response that is to be expected and accepted. Your task is to stay present with your hands, communicating that you feel their pain and that they are not alone. In order to accomplish this, the teacher stays directed, expanding the definition of *use of self*, which results in co-regulating the grieving student. Alexander Technique teachers understand that collapsing into despair is totally normal for the grieving client. It is incumbent upon the teacher not to be overwhelmed by the client’s despair and anguish. By organizing our own body, head moving away from feet, and feet moving away from head, we allow for our own energy to move freely throughout our body.

At this point, I would like to describe what a session with me looks like. In my office, there is a chair and a couch facing one another. After the client gets comfortable, I usually start by asking the client about something from last week’s session to establish continuity between sessions. In this particular example, a woman experienced the loss of a child five years ago. The child was stillborn and since that time the woman has been unable to move forward in her life, though she has since had another child, now four. The woman is hypervigilant, arousing her sympathetic nervous system to a high alert state.

Grief can be lonely; the Alexander Technique teacher provides a witness to their pain.

Collapsing into despair is totally normal in grief.

Photo by John Thomas on Unsplash

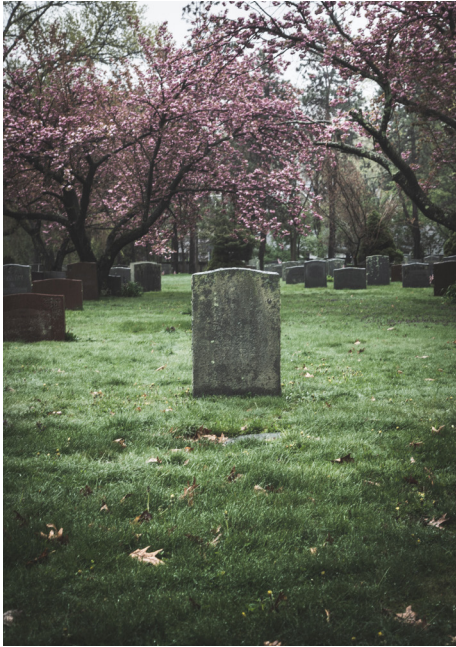


Photo by Melissa Mullin on Unsplash



Photo by Claudia Wolff on Unsplash



She fears that if she is not hypervigilant something might happen to her daughter. As we do a verbal check-in, I ask where she feels the “stuckness” in her body. Then we transition to the table. The woman’s jaw is very tight through her head and neck and so I want her to become aware of this. I also have her hold her breath and then whisper “ah.” This is like a reset button to help her get her brain online. And so, as the sessions progresses, I will, as the Alexander teacher, be educating the body’s muscular system to behave differently.

As an adjunct to work done in formal therapy sessions, clients often will perform spontaneous actions that help them to organize their intense emotions.

The three images on the next page illustrate such actions. In the parks around New York City and elsewhere, there are dedicated park benches memorializing the names of relatives and friends who have passed away (1).

Sometimes other rituals emerge naturally as a coping method for grief (2). “DML” was killed in a traffic accident, so every year on the anniversary, the bereaved place flowers and other mementos on a lamppost near where the

1 Rituals like dedicated park benches are creative and help to organize grief.



2 Rituals can also be spontaneous.



Photos by Ben Halberstam



3 Losing a pet can also be ritualized.

accident happened. We can see these nonstandard memorials throughout the country and in other countries in the world.

These ritual sites can extend to memorializing our pets (3). People have important relationships with their pets, and when they pass, creating memorials helps to ease the grieving process. In the picture, the owners of the dog place balls in the basket so that other dogs can enjoy what their dog did when alive.

Working with bereaved clients as both psychotherapist and Alexander Technique teacher brings me great satisfaction. I feel that by incorporating both modalities, I bring to the therapy sessions the best aides to help my clients cope with their pain and teach their bodies to free up their energy, allowing it to flow in effortless movement once again so that they can live their lives to the fullest.

ABOUT THE AUTHOR

Jane Dorlester (Center for Integrated Therapy and Education, 1984) trained with Lydia Yohay. She was then grandfathered into AmSAT on October 28, 1995. She is a psychotherapist and certified Alexander Technique teacher with extensive experience in individual and group counseling. She received her training at the Center for Character Analytic Studies and the Brooklyn Institute of Psychotherapy and Psychoanalysis. She also has a certificate from Sensorimotor Psychotherapy Institute. She has been in private practice as a therapist for over twenty years. Her desire to work with both individuals and groups comes from a long-held professional belief in the value of body-oriented therapeutic work and group environments for finding safe, effective ways to heal.



Photo courtesy of Jane Dorlester